

WATER SMART TECHNOLOGY APPLICATION

(Please complete all clear sections. **Shaded areas when applicable**)

Applicant Information

Name:		Title:	
Phone:	Fax:	E-mail:	
Mailing Address:			
City:	State:	Nine-digit ZIP code:	

Facility Information

Name of Facility:	
Facility Address:	
City:	State:
Nine-digit ZIP code:	
Business Owner:	Property Owner (if different):
Type of Business/Facility:	
Occupancy:	
<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant <input type="checkbox"/> Chain/franchise <input type="checkbox"/> Government <input type="checkbox"/> Institutional <input type="checkbox"/> Non-profit	
Year Constructed:	No. of employees:
Approx. sq. ft. of facility:	Approx. sq. ft of Irrigated Landscape:
Major water uses:	
Please list all meters that apply to project (attach additional sheet if necessary)	
Water Utility:	Sewer Utility:
Account #	Account #
Additional Account #	Additional Account #

Projects *(Please select all that apply)*

<input type="checkbox"/> Irrigation / landscape	<input type="checkbox"/> Toilets / urinals	<input type="checkbox"/> Cooling / Refrigeration
<input type="checkbox"/> Process	<input type="checkbox"/> Ice machine	<input type="checkbox"/> Laundry
Other (Please describe):		
How did you hear about the program?		
For additional information about programs not associated with this project, please list:		

Please complete any of the following tables that apply to your project:

Bathroom fixtures for Commercial Only:

Fixtures	Urinals	Tank-type toilets	Flush-valve toilets	Hand basin faucets	Showers
# to be replaced					
Estimated number of uses per day					
Gallons per flush or	Gallons per flush	Gallons per flush	Gallons per flush	Gallons per minute	Gallons per minute

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Water cooled ice machines:

Ice machine model numbers		Estimated ice making capacity	
Existing:	New:	Existing: LBS	New: LBS

Irrigation

Year irrigation system constructed:	All original system: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and model of controller(s)	Rain Sensors installed on controllers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of current irrigation practices:	
Total irrigated area for project:	Landscape maintenance: <input type="checkbox"/> Onsite <input type="checkbox"/> Contracted
As-built plans available:	Previous audit available:
Landscape maintenance contact, if applicable:	Phone:

Please complete the following sections, which allow for more detailed project description. It is not necessary to complete this section if applying for a standard rebate project.

Project Description (Please provide detailed information here or attached additional pages to application): <ul style="list-style-type: none">✓ Estimated water savings, equipment life, and time to complete installation✓ Total cost of the project. Include a breakdown of materials and labor if available, and any applicable fees, permits, and sales tax:✓ Will project produce other benefits and costs? If yes, describe all (e.g. electric, gas, chemical, and/or labor):
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Have you or will you apply for other utility (gas or electric) rebates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete the following two boxes

Substitute Form W-9

Taxpayer Identification Number: (for rebate check payee):
Social Security number: _____ - _____ or Employer Identification Number (EIN): _____ - _____
Name Listed on your Social Security card or your business EIN certificate:

Under penalty of perjury, I certify that the information provided on this form is true, correct, and complete. I authorize the release of utility records to City of Seattle, Seattle Public Utilities for the facility described above. The data will be used for analysis and evaluation of water savings in this facility. All information is confidential.

Print Name	Title/Relationship to the facility	
Signature	Phone	Date

Please send application to:

Water Smart Technology Program, Seattle Public Utilities, Resource Conservation Section,
700 5th Avenue, Suite 4900, Seattle, WA 98104-5004.